



DEPARTMENT OF GENERAL SERVICES ID REQUEST FORM

Name (Print): LAST: _____ FIRST: _____ MI: _____ Date of Birth: _____

Agency/Employer: DHMH Last four numbers of Social Security Number: _____

Division/Office: _____ Office Phone #: _____

Frequent: ☐ Authorization: _____

Contractual: Yes ☒ No ☐ Temporary: Yes ☐ No ☒ Expiration Date: _____

Legislative Buildings Prox Access: Yes ☐ No ☒

If Yes, Building Access Level: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Authorization: _____

State House Prox Access: Yes ☐ No ☒ Authorization: _____

45 Calvert Prox Access: Yes ☐ No ☒ Authorization: _____

Parking Access: Yes ☐ No ☒ A-Lot ☐ B-Lot ☐ C-Lot ☐ Navy Lot ☐ Authorization: _____

Is the applicant, under Maryland law, permitted to carry a firearm? Yes ☐ No ☐

If Yes, is it required for the applicant's work-related responsibilities? Yes ☐ No ☐ If Yes, Permit #: _____

State law, Code of Maryland Regulations, COMAR 04.05.01.03B says: "Except for official purposes and by authorized personnel, an individual on the property may not carry open or concealed firearms, explosives, incendiary devices, or dangerous or deadly weapons." Under COMAR 04.05.01.01A, "property means State public buildings, improvements, grounds, and multiservice centers under the jurisdiction of the Department of General Services."

Employee State ID card: ☐ New ☐ Damaged ☐ Lost ☐ Transfer ☐ Name Change

Replacement cost for any type of lost State ID card is \$50.00. Misuse of the ID card will result in the confiscation of the card. Only checks or money orders will be accepted and should be payable to: Dept. of General Services. CASH WILL NOT BE ACCEPTED.
A photo ID, such as a driver's license, must be shown to process this request.

Applicant Signature: _____ Date: _____

Non-employee ID card:

☐ Contractor (\$15.00 - Pay By Check/Money Order Only)

Contract Start Date _____ End Date: _____

Applicant Signature: _____ Date: _____

ID Coordinator Signature: _____ Date: _____

Printed Name: _____

Title: _____

Billing Information for agency payment: N/A

For Office Use Only:

Date of Request: _____ Card #: _____ Inv. # _____

☐ Agency Pay ☐ Check ☐ Money Order Amt. _____ Document #: _____

Authorized Signature: _____ Date: _____

ETC use only

Location _____

Date _____

jpeg # _____

opr _____